



OFFICE USE ONLY	
_____	APPROVED
_____	DISAPPROVED
_____	PENDING
_____	BY
_____	REASON

**APPLICATION (DTS-1)
RECRUITMENT AND EXAMINATION**

Please fill out completely. Omissions may result in application being rejected. Resumes may NOT be substituted for this application. Type or print clearly. Information provided is confidential and will only be used by authorized personnel. Applicants who are within six (6) months of meeting the education and/or experience qualifications may be approved for the examination pending completion of those requirements.

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Position Applied For: _____

Last Name: _____ First Name: _____ MI: _____

Address (Number and Street or RFD): _____

City: _____ County: _____ State: _____ Zip Code: _____ - _____

Home Phone: () - _____ Work Phone: () - _____

Email Address: _____

Please click or type "X" where you will accept employment.

- | | |
|--|--|
| <input type="checkbox"/> Garrett | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Charles |
| <input type="checkbox"/> Washington County | <input type="checkbox"/> Calvert |
| <input type="checkbox"/> Frederick | <input type="checkbox"/> St. Mary's |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Anne Arundel |
| <input type="checkbox"/> Montgomery | <input type="checkbox"/> Queen Anne's |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Caroline |
| <input type="checkbox"/> Howard | <input type="checkbox"/> Dorchester |
| <input type="checkbox"/> Harford | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Kent | <input type="checkbox"/> Worcester |

Please click or type "X" to identify the source(s) from which you learned about this position.

- | |
|--|
| <input type="checkbox"/> MDOT Web Site |
| <input type="checkbox"/> Other Website (specify) _____ |
| <input type="checkbox"/> Newspaper / Journal (specify) _____ |
| <input type="checkbox"/> Career Fair (specify) _____ |
| <input type="checkbox"/> Radio or Television (specify) _____ |
| <input type="checkbox"/> College Recruitment (specify) _____ |
| <input type="checkbox"/> High School Recruitment (specify) _____ |
| <input type="checkbox"/> Employment Office (specify) _____ |
| <input type="checkbox"/> Bulletin Board (specify) _____ |
| <input type="checkbox"/> Heard about from an Employee |
| <input type="checkbox"/> Other (specify) _____ |

Please click or type "X" to identify availability below.

- | |
|--|
| <input type="checkbox"/> Full-Time Employment Only |
| <input type="checkbox"/> Part-Time Employment Only |
| <input type="checkbox"/> Full-Time and/or Part-Time Employment |

Applicants are requested to voluntarily provide this information for statistical purposes only; however, failure to do so will not affect your chances of employment.

Birth Date: _____

Language(s) Spoken: _____

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Ethnic/Race Identification

<input type="checkbox"/> Check this block if you are of Hispanic or Latino origin.	
Race: Select one or more. If multiracial, check all that apply.	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

AN EQUAL OPPORTUNITY EMPLOYER

www.marylandtransportation.com

Arrangements and/or accommodations will be provided upon request for persons with disabilities.

MD Relay 711 DTS-1 (3-07)

EDUCATION:

Did you graduate from high school or have you obtained a GED?

☐ Yes ☐ No

Name of High School: _____

Address: _____

If no, enter the highest grade successfully completed: _____

NAME OF COLLEGE/UNIVERSITY:		NAME OF COLLEGE/UNIVERSITY:	
ADDRESS:		ADDRESS:	
DATES ATTENDED FROM:	TO:	DATES ATTENDED FROM:	TO:
MAJOR:		MAJOR:	
NUMBER OF CREDIT HOURS COMPLETED:	DEGREE TITLE & YEAR RECEIVED:	NUMBER OF CREDIT HOURS COMPLETED:	DEGREE TITLE & YEAR RECEIVED:
LIST PERTINENT UNDERGRADUATE COLLEGE SUBJECTS COMPLETED	SEMESTER CREDIT HOURS	LIST PERTINENT GRADUATE COLLEGE SUBJECTS COMPLETED	SEMESTER CREDIT HOURS
Trade or Technical School	Course	Course Work Completed?	Certificate Awarded (Title and Date)

Are you a current permanent State employee? ☐ Yes or ☐ NoAre you a contractual or temporary employee for the State? ☐ Yes or ☐ No If yes, start date _____

If you are a permanent, contractual or temporary employee for a State agency please indicate where you currently work?

If you are currently a permanent MDOT employee, at which Administration are you assigned? If yes, please click or type "X" in the appropriate box.☐ MAA ☐ MdTA ☐ MPA ☐ MTA ☐ MVA ☐ SHA ☐ TSO**EMPLOYMENT RECORD**

* List all relevant work experience, including experience gained in the armed forces, different jobs held within the same organization, pertinent volunteer work, and part-time employment.

* Please list your MOST RECENT work experience FIRST.

* For some positions, the application may be evaluated for a test score, so please be specific in describing actual tasks performed.

* **If you are a contractor or consultant and work at a State agency, please be sure to list the company's name as the employer, not the State agency where you currently work.**

* If more space is required, you may attach additional pages to the application. Be sure to put your Social Security Number on all additional pages.

Do Not Write In This Space

A

COMPANY NAME:		SUPERVISOR'S NAME:	TELEPHONE NUMBER: () -
ADDRESS:		FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:
			NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:		JOB TITLES OF PERSONS SUPERVISED:	
DATE: (MONTH/YEAR)		JOB TITLE:	
From: To:			
SPECIFIC DUTIES (attach additional pages if necessary): 			

B

COMPANY NAME:	SUPERVISOR'S NAME:	TELEPHONE NUMBER: () -	
ADDRESS:	FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:	JOB TITLES OF PERSONS SUPERVISED:		
DATE: (MONTH/YEAR)	JOB TITLE:		
From:	To:		
SPECIFIC DUTIES (attach additional pages if necessary): 			

C

COMPANY NAME:	SUPERVISOR'S NAME:	TELEPHONE NUMBER: () -
ADDRESS:	FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:
		NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:	JOB TITLES OF PERSONS SUPERVISED:	
DATE: (MONTH/YEAR)	JOB TITLE:	
From: To:		
SPECIFIC DUTIES (attach additional pages if necessary): 		

D

COMPANY NAME:	SUPERVISOR'S NAME:		TELEPHONE NUMBER: () -
ADDRESS:	FULL TIME/PART TIME:	NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:
REASON FOR LEAVING:	JOB TITLES OF PERSONS SUPERVISED:		
DATE: (MONTH/YEAR) From: _____ To: _____	JOB TITLE:		
SPECIFIC DUTIES (attach additional pages if necessary):			

May we contact your current employer? If no, please explain.

List any additional information that may help evaluate your qualifications for the position. Examples are special skills, computer programs, licenses, certifications, training seminars and workshops, etc.

LICENSES: If a license, certificate, or any other authorization to practice a trade or profession is required, complete the following section. All requirements under the licensing section of the job specifications must be complied with, and verification must be submitted with this application form.

TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (Licensing Board)
TYPE OF LICENSE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (Licensing Board)

The Maryland Department of Transportation has permission to access my driving record if required for this position. ☐ Yes ☐ No

Driver's License: (You must provide the following information for positions requiring a valid driver's license.)

Issued by the State of: _____ Expiration Date: _____
License Number: _____ Class: _____ Birth Date: _____

Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation? ☐ Yes ☐ No
If yes, give details below. Attach additional pages if needed. A conviction is not an automatic disqualification to employment.

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100. This provision does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland.

I certify that all information contained on this application is true and complete. I authorize the Maryland Department of Transportation to contact all sources and/or conduct a thorough background investigation, as necessary, to verify the information contained on this application. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for rejection from the examination process, removal from the list of eligibles, withdrawal of an offer of employment or immediate discharge.

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE IMMIGRATION AND REFORM CONTROL ACT OF 1986.

SIGNATURE OF APPLICANT

DATE